

# Announced Finance Inspection Report 18 October 2017



## Mulhern Close Residential Home

**Type of Service: Residential**  
**Address: 58 Coolnagard Avenue, Omagh, BT78 1GA**  
**Tel No: 02882250382**  
**Inspector: Joseph McRandle**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 12 beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Disability Service  <b>Responsible Individual(s):</b> Professor Peter Arthur James McBride	<b>Registered Manager:</b> Mrs Kerri Lowry
<b>Person in charge at the time of inspection:</b> Mrs Kerri Lowry	<b>Date manager registered:</b> 3 August 2015
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD(E)- Learning Disability – over 65 years	<b>Number of registered places:</b> 12

### 4.0 Inspection summary

An announced inspection took place on 18 October 2017 from 10:45 to 16:15. Less than one hour's notice was given prior to the inspection.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place, members of staff involved in managing residents' finances receiving adult safeguarding training, maintaining records of the reconciliations of residents' monies, annual audits of residents' finances by head office, the system of controls surrounding residents' bank accounts, the controls in place for the residents' comfort fund, the updating of residents' inventory of personal items and the financial policies and procedures operated at the home.

Additional evidence of good practice included: retaining copies of residents' financial arrangements within their files, retaining signed consent forms in residents' files, two members of staff signing the transport records, a transport policy and procedure in place, the system in place for retaining the records in relation to the transport charges, signed transport agreements retained within residents' files, offering support to residents for managing their finances, the residents' guide detailing the services included in the weekly fee, recording of purchases undertaken on behalf of residents, the system in place for recording transactions and the retention of receipts from purchases, strong controls in relation to the management of residents' monies and maintaining a list of signatures of staff authorised to undertake transactions on behalf of residents.

Areas requiring improvement were identified in relation to: updating residents' files with a copy of the correspondence from the Social Security Agency which identifies the current registered provider as corporate appointee, updating the residents' transport agreements to reflect the current vehicles used for the transport scheme and that the agreement is with the current registered provider and providing residents or their representatives with written agreements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Kerri Lowry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 28 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 September 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous care inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the registered manager and the home's administration officer.

The following records were examined during the inspection:

- two residents' finance files
- two residents' licence to occupy agreements
- sample of monies held on behalf of three residents
- a sample of records of reconciliations of monies held on behalf of residents
- two consent forms for members of staff to make purchases on behalf of residents
- the residents' guide
- a sample of records of safe contents
- a sample of records showing payment of fees by residents
- a sample of records showing purchases undertaken on behalf of residents

- a sample of records showing monies deposited at the home on behalf of residents
- a sample of bank statements from two residents' bank accounts
- a sample of records from residents' comfort fund
- a sample of invoices for transport charges
- financial policies and procedures
- signatory list of staff authorised to make purchases on behalf of residents
- two residents' records of personal property

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 28 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was not due for return at the time of issuing this report. The returned QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. A sample of monies held on behalf of three residents were counted, the amount retained agreed to the balance recorded at the home.

No valuables were held on behalf of residents, a safe contents book was in place and up to date at the time of the inspection.

Discussion with the registered manager confirmed that members of staff involved in managing residents finances had received training in relation to the safeguarding of vulnerable adults. The registered manager was able to demonstrate knowledge of their specific role and responsibilities in relation to any concerns raised in relation to residents' finances.

Discussion with staff confirmed that there were no finance related restrictive practices in place for any resident.

### Areas of good practice

There were examples of good practice found in relation to providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place and members of staff involved in managing residents' finances receiving adult safeguarding training.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with the registered manager and review of records confirmed that the registered manager or a representative from Inspire were the appointee for ten residents i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual. A review of two residents' files showed that details of the person authorised to manage the benefits was retained within both files.

Good practice was observed as a copy of a letter from the corporate appointee authorising the registered manager to manage the residents' benefits was retained within the residents' files. It was noticed, however, that the written authorisation from the Social Security Agency to act as corporate appointee related to the previous registered provider of the home. This was identified as an area for improvement.

Discussion with the registered manager confirmed that no member of staff at the home or at Inspire acted as an agent for any resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

The inspector commented on the strong controls in place for reconciling residents' monies. Review of records showed that the reconciliations between the monies held on behalf of residents and the records of monies held were undertaken on a daily basis. As in line with good practice the records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff. Review of records also showed that the registered manager checked and signed the reconciliations each week and a further reconciliation was undertaken by the registered manager once a month.

Good practice was also observed as a representative from Inspire visited the home annually to undertake an internal audit. A copy of the report of the findings from the internal audit was forwarded to the registered manager to be actioned.

Discussion with the registered manager confirmed that bank accounts were managed on behalf of residents. Review of a sample of bank statements for two residents confirmed that the accounts were in the name of the residents and the bank accounts were not used for the management of the home, as in line with regulation 22 (1) of The Residential Care Homes Regulations (NI) 2005.

A sample of withdrawals identified within the bank statements was reviewed. The amounts withdrawn corresponded to the amounts recorded as lodged at the home on behalf of the residents on the same date.

The inspector commented on the strong controls in place surrounding the management of the residents' bank accounts as the records of the withdrawals and deposits identified in the bank statements were checked and agreed by a senior member of staff at least quarterly.

Review of records and discussion with staff confirmed that a comfort fund was operated on behalf of residents and managed at Inspire's head office. The registered manager also confirmed that a bank account was operated to retain the monies within the fund. The registered manager confirmed that purchases from the fund were for the benefit of all residents. A review of a sample purchases showed that copies of the receipts from the purchasing were retained at the home.

Discussion with the registered manager confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Review of records for two residents showed that the records were updated with items acquired and disposed of after admission for which staff had been made aware of.

Comprehensive policies and procedures for the management and control of residents' finances were in place at the time of the inspection. A review of the policies confirmed that the procedures undertaken by staff on behalf of residents were reflected within the policies.

### **Areas of good practice**

There were examples of good practice found in relation to: maintaining records of the reconciliations of residents' monies, annual audits of residents' finances by head office, the system of controls surrounding residents' bank accounts, the controls in place for the residents' comfort fund, the updating of residents' inventory of personal items following admission and the financial policies and procedures operated at the home.

### **Areas for improvement**

One area for improvement was identified during the inspection. This related to updating residents' files with a copy of the correspondence from the Social Security Agency identifying the current registered provider as the corporate appointee.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Good practice was observed as a review of two residents files showed that copies of the residents' recorded financial arrangements were retained within their files. The details recorded included the arrangements for staff at the home to act as the residents' appointee and the arrangements for managing the residents' finances.

Good practice was also observed as consent forms were retained within the two residents' files reviewed. The consent forms included permission for members of staff to manage residents' finances and to undertake purchases on behalf of residents. The consent forms were signed by the residents' representatives, the residents' care managers from the Health and Social Care Trust and a representative from the home.

Discussion with the registered manager confirmed that a transport scheme involving two minibuses was operated at the home. A review of records confirmed that books were used to record the residents' journeys undertaken in each bus. A sample of journeys recorded in one book was examined: records showed that the date of the journey, the names of the residents undertaking the journey and the destination were recorded in the book. The miles incurred for the journeys were also recorded. Good practice was observed as the records of the journeys were signed by two members of staff.

A policy and procedure for the transport scheme was in place at the time of the inspection. The policy showed that a rate per mile was charged to residents for using the minibuses. The rate depended on the number of residents undertaking the journey. If more than one resident was undertaking the Journey then the miles were divided equally amongst the residents.

Review of records confirmed that the books containing the details of residents' journeys were subsequently used to raise invoices to residents for their journeys. A sample of invoices raised for one resident was reviewed: the miles incurred for the journeys were recorded along with the appropriate rate per mile. The mileage charged to the resident agreed to the miles recorded within the transport book.

Records also showed that the amounts owed by the residents for transport were withdrawn from their bank accounts. A sample of two amounts withdrawn from the bank account belonging to the above resident confirmed that the amounts withdrawn agreed to the amounts invoiced to the resident for their journeys. The inspector commented on the good system in place for retaining the records in relation to the transport charges.

As in line with good practice transport agreements were issued to residents or their representatives. A review of two residents' files showed that transport agreements detailing the terms and conditions of the transport scheme were retained within the residents' files. The agreements were signed by the residents' representatives, the residents' care managers from the Health and Social Care Trust and a representative from the home.

It was noticed that the terms and conditions within the agreements did not refer to the current vehicles used for the transport scheme. The agreements also referred to the previous registered provider of the home. This was identified as an area for improvement.

Discussion with the registered manager confirmed that arrangements were in place to offer support for residents managing their finances.

### Areas of good practice

There were examples of good practice found in relation to: retaining copies of residents' financial arrangements within their files, retaining signed consent forms in residents' files, two members of staff signing the transport records, a transport policy and procedure in place, system in place for retaining the records in relation to the transport charges, signed transport agreements retained within residents' files and offering support to residents for managing their finances.

### Areas for improvement

One area for improvement was identified during the inspection. This related to updating the residents' transport agreements to reflect the current vehicles used for the transport scheme and to reflect that the agreement is with the current registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager confirmed that copies of payment remittances from the Health and Social Care Trusts showing the weekly fee for each care managed resident were not retained at the home. The registered manager stated that details of the amounts paid by, or on behalf of, residents were retained at Inspire's head office.

A review of two residents' bank statements showed that the residents were paying a contribution towards their fee. The inspector spoke to a representative from head office via telephone during the inspection. The representative confirmed that the amounts deducted from the residents' bank accounts agreed to the amounts owed by the residents towards their fee.

Discussion with staff confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

A residents' guide was in place at the time of the inspection. The guide included the details of the services provided to residents as part of their weekly fee. The residents' guide also included a written agreement which was issued to residents on admission to the home. Review of two residents' files evidenced that no written agreements were in place between the current registered provider and the residents. The documents retained within the files were licence to occupy agreements which were provided by the landlord of the establishment.

The registered manager provided the inspector with a copy of a draft agreement and confirmed that the agreements had recently been developed by the current registered provider and were in the process of being finalised. The registered manager stated that the finalised agreements will be forwarded to residents or their representatives to be agreed and signed. This was identified as an area for improvement.

Review of records and discussion with staff confirmed that individual books were maintained for each resident. The books were used to record the details of transactions undertaken on behalf of residents including items purchased by members of staff. The books were also used to record monies deposited at the home on behalf of residents.

A review of records of five purchases undertaken by staff, on behalf of two residents, showed that as in line with good practice the details of the purchases, the date and the amount of the purchases were recorded in the books. Two signatures were recorded against each entry in the books. Receipts from the purchases were available at the time of the inspection. Good practice was observed in relation to the audit process as a number was recorded on the receipts and the corresponding number was recorded against the purchases recorded in the residents' books.

The inspector commended the registered manager on the system in place for retaining receipts from the purchases and the recording of the amounts withdrawn from residents' monies to make the purchases. In addition to the books used to record the transactions separate books were retained for each resident which contained the receipts from the purchases.

Good practice was observed as the receipts were filed in chronological order. As well as the corresponding number recorded on the receipts, a petty cash voucher was attached to each receipt. The voucher gave details of the amount withdrawn to make the purchase, the amount of the purchase and the remaining amount from the purchase returned by the member of staff. The voucher also gave details of the staff member receiving the monies to make the purchase.

The inspector further commended the registered manager on the strong controls in place in relation to the management of residents' monies and that the system in place aided the inspection process.

Review of records showed that as in line with good practice a list of signatures of staff authorised to make purchases or payments on behalf of residents was maintained at the home.

### Areas of good practice

There were examples of good practice in relation to, the residents' guide detailing the services included in the weekly fee, recording of purchases undertaken on behalf of residents, system in place for recording transactions and the retention of receipts from purchases, strong controls in relation to the management of residents' monies and maintaining a list of signatures of staff authorised to undertake transactions on behalf of residents.

### Areas for improvement

One area for improvement was identified during the inspection. This related to providing residents or their representatives with written agreements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Kerri Lowry, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.10  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	<p>The registered person shall ensure that residents' files are updated with a copy of the correspondence from the Social Security Agency identifying the current registered provider as the corporate appointee.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            A copy of correspondence from the social security agency identifying the registered provider as corporate appointee has been added to Resident's files.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time  <b>To be completed by:</b> 20 November 2017	<p>The registered person shall ensure that the transport agreements with residents are updated to reflect the current vehicles used for the transport scheme and that the agreement is with the current registered provider.</p> <p>The agreements should be signed by the resident or their representative (if resident lacks capacity to make decisions in relation to the agreement) and a representative from the home. Where a resident or their representative is unable or chooses not to sign this should be recorded.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Transport agreements have been updated to reflect the vehicles used within the Home. These have been discussed and signed by family or representatives.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	<p>The registered person shall ensure that written agreements are provided to all residents within the home. The agreements should be in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011.</p> <p>The agreements should be signed by the resident or their representative (if resident lacks capacity to make decisions in relation to the agreement) and a representative from the home. Where a resident or their representative is unable or chooses not to sign this should be recorded.</p> <p>Copies of the signed agreements should be retained within residents' files.</p> <p>Ref: 6.7</p>

	<p><b>Response by registered person detailing the actions taken:</b> Written agreements have been updated in line with standard 4.2 DHSSPS Residential Care Homes Minimum Standards, August 2011. These have been discussed and signed by family or representatives.</p>
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